York County Shelter Programs, Inc.

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Proposed PNMI Pilot Project

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York County Shelter Programs, Inc. has been providing substance abuse and mental health services to homeless individuals and families for over thirty years. We have been dually licensed by the State of Maine for mental health and substance abuse treatment since 1995. On average, we admit 600 people a year into our various treatment programs and our staff is dually licensed to provide co-occurring, integrated treatment. We have successfully shown through licensure reviews, various pilot projects, and other contract reviews, that we offer a comprehensive program, driven by individual client needs, which yields positive outcomes.

Historically, YCSPi's per diem rate for both mental health and substance abuse residential care have been exceptionally low. Comparing our rates to others with the same license, the difference in many cases is hundreds of dollars per day. When comparing services, ours are at least as, if not more, comprehensive and engaging than those of many other programs, and provided at a much lower cost.

YCSPi utilizes the ASAM levels of care as basic guides in determining treatment levels and necessary services. It is becoming more and more apparent that the majority of SA PNMIs provide treatment services to similar categories of clients who fall under the III.5 ASAM category. These clients typically rank high in the levels of intensity of services they require to manage the multiple domains of their lives. The majority of services suggested by ASAM would be considered billable under CMS and Maine Care regulations. Regardless of target populations served by individual facilities, the clients are in need of the same basic services.

In light of the concerns expressed by CMS, the State of Maine and many stakeholders have been examining the way PNMI services have been delivered and billed. As we understand it, through the multiple meetings and conference calls, "PNMI" as it is currently configured will be dismantled. Part of our review process has been an examination of which services are considered medically necessary and essential for recovery. It is clear that the services CMS is willing to fund are those considered to be "essential" versus those of a "wish list."

We have spent the last several weeks, months, even years, looking at the entire PNMI process. It is imperative that truly "essential" are delivered to the client, but just as important that providers are held accountable for those services. It is difficult to monitor exactly which services are being delivered under a "bundled rate, which, sadly, can result in a reduction of services to the client. If the client resides in the program bed, as the system is currently administered, a provider can get reimbursed their daily rate whether they interacted with the client or not. This creates obvious questions about what is

being purchased with Federal and State dollars, as well as how many clients "in service" are getting little to no services, apart from just housing.

PNMI has been defined as a treatment program, the goal of which is to stabilize the client and return that individual to a less structured environment requiring a lower level of care. Based on our client population, we have found that this can typically be accomplished in a 3-6 month period of time. Occasionally, a client with more severe and persistent mental illness may require additional stabilization time, but in no case has that time exceeded 12 consecutive months in residency.

Our Proposal

We propose that for 20 individual clients, (10 clients in our MH PNMI and 10 clients in our SA PNMI) we will unbundle our per diem rate, document, and bill for services delivered at the published rate currently allowed by Maine Care. We will identity each client by number and follow the client from admission to discharge. We will document all services delivered through appropriate documentation in the client file and bill individually for each service provided. We believe this will result in compensation that is adequate and sustainable. We will also follow the client into the community to assure that they continue to function well, and will provide whatever follow-up services the client needs, including housing. The information will be documented and can be shared with the Department at whatever intervals seem appropriate.

We suggest that essential services fall into basically five categories: individual treatment, group treatment, daily living skills, personal care, and case management. Within each category a breakdown of what it entails is detailed in the Maine Care Benefits Manual. In all cases, an individual with the required credentials will provide the services.

Special Considerations:

In order to pilot this plan we may need waivers from the Maine Care rules as written, to include the following:

1. Section 13, Targeted Case Management, is only billable under Categorical Maine Care, and therefore, Non-Cats would not be able to obtain case management services;

2. Section 65 (page 34), limits the number of individual outpatient visits to 3 hours per week for 30 weeks. Our model is based on 2 hours per week of individual, spanning 3-6 months, but in crisis situations, that could easily exceed the 3 hour limit;

3. Section 65 (page 35), limits the number of group hours to 1.5 hours per week, while our model provides 12 hours (2 individual, 12 group = 14 hour requirement under OSA guidelines);

4. Personal Care is not currently included in SA PNMI as a reimbursable service, unless OSA supplies money to individual agencies for personal care (chapter III, Section 97, Appendix B) , but it does exist in the regulations as a requirement. The personal care cost under this Section is $55.17 per diem. The only other personal care services we were aware of fall under Section 96 ($3.75 per ¼ hour);

5. Daily living supports are found under Section 17 (a MH service) but would need to allow for SA clients.

We are confident that this pilot will demonstrate that billing on a fee for service basis is reasonable from both the perspective of the "administrative burden," and the adequacy of the resultant compensation for the agency. It will also demonstrate how providers can be held accountable for the services they provide for the compensation they receive. When individuals receive a level of service based on need, versus based on the provider comfort, they can and do recover, thus moving beyond such intense levels of care.

The results of this pilot will provide the Department with the necessary data to move to a fee for service model for at least Appendix B and E PNMI services, and the York County Shelter Programs, Inc. stands ready to help make that a reality.